

HARDSHIP DRIVER LICENSE/CERTIFICATE POLICY

Overview:

The Department of Safety may issue a minor who is fourteen (14) or fifteen (15) years of age a special restricted license/certificate when facts presented to the department indicate there is good reason to issue such restricted license/certificate. This license shall hereinafter be referred to as a Hardship License/Certificate (Class H/TH).

The purpose of this policy is to establish standard and uniform procedures for administering eligibility standards for a Hardship License/Certificate.

Definition:

A Hardship License/Certificate is a special class license/certificate issued to a minor who is at least fourteen (14) years of age but not older than sixteen (16) years of age, and restricted to operation of Class D (passenger vehicle) or Class M (motor-driven cycle) vehicles.

Only those applicants who can provide verifiable documentation of a true hardship, which would cause extreme privation and/or suffering, should apply. Privation is defined as "the lack of the basic necessities or comforts of life".

Please note, the Department of Safety can verify any and all information submitted.

Eligibility:

1. Applicant must be a Tennessee resident and be between fourteen (14) and sixteen (16) years of age. All Hardship Licenses expire on the 16th birthday; Hardship Certificates expire based upon legal presence documents, or on the 16th birthday.
2. For a first-time license, an applicant must be in compliance with the Compulsory School Attendance Law.
3. Applicants for a Hardship License/Certificate must meet the same eligibility standards for Class D License/Certificate.
4. Applicants who are fourteen (14) years of age, or those who have not held a Learner Permit for at least three (3) months must show proof of successful completion of a State approved Driver Education/Training Course.

License Requisites:

1. Persons holding a valid Hardship license/certificate may operate Class D (passenger vehicle) or Class M (motor-driven cycle) vehicles only. However to drive a Class M vehicle, the applicant will be required to take the Class M driving test in addition to the Class D test.
2. Valid only for daylight hours; no earlier than 5:00 a.m. and no later than 7:00 p.m. No exceptions.
3. Valid only for travel to pre-authorized locations that are specified on the approval letter.
4. Passengers are limited to immediate family members only.
5. Hardship license/certificates will be approved for the most direct route only with a mileage limitation of 25 miles, one way.
6. Persons holding a valid Hardship License/Certificate are not allowed to tow other vehicles or trailers.
7. Destinations that will be considered for approval with appropriate justification include:
 - School – only if no bus transportation is provided
 - Extracurricular School Activities – only if no bus transportation is provided and these activities are school sponsored, or accredited courses and extreme privation exists.
 - Work – only if income is required to help financially support the family.
 - Medical – only for serious illnesses of immediate family members. Family members may include parents, grandparents, stepparents or legal guardians if living in the same household as applicant.

If the holder of the Hardship license/certificate is at least fifteen (15) years of age, the Class H license/certificate may be used as an instructional permit for Class D vehicles, as long as all other requirements pertaining to appropriate Learner Permit (Class P/TP) license/certificate are met.

NOTE: If driver is found to be driving before/after hours, on unapproved routes, or with non-approved passengers, license can be suspended.

Before Submitting Application, Please Remember:

1. All correspondence must be in writing. Mail completed application to:
Department of Safety
Driver License Issuance – Hardship License
1150 Foster Avenue
Nashville, TN 37249
2. When completing the application, please type or print with black ink. If application is not complete or not legible, it will be disapproved.
3. All information should be filled in correctly and all streets requested for travel should be listed in order. Only include the most direct route along with approximate mileage.
4. Acceptable proof of hardship must be submitted.
5. If approved, your original application will be returned along with an Authorization Letter. This letter will advise you what to take to the Driver License Station for testing. If your application is denied, or if any individual routes are denied, you may appeal the decision. (Appeals Process outlined below).

Appeals Process:

To make an appeal, the applicant must submit a letter requesting appeal of the denial along with the original hardship application and mail to the Hardship License Program Manager at the above listed address.

INSTRUCTIONS FOR COMPLETING THE HARDSHIP LICENSE/CERTIFICATE APPLICATION

- Please type or print with black ink.
- Please ensure that all information is filled in correctly and all streets requested for travel are listed in order and written legibly. Incomplete and illegible applications will be disapproved.
- All correspondence must be in writing and mailed to:

Department of Safety
Driver License Issuance Division/Hardship License
1150 Foster Avenue
Nashville, TN 37249

SECTION A - APPLICANT INFORMATION

1. Provide your full legal name – first, middle, and last. Nicknames and/or initials will not be accepted.
2. Provide your street address; a P.O. Box or Route Number will not be accepted.
3. A social security number is required for the department's records if one has been issued.

SECTION B - PRIMARY HOUSEHOLD

1. Fill out this section to describe the primary household.
2. If someone other than a parent has legal custody, a copy of the legal document(s) supporting this fact must be submitted with the application.
3. If self-employed, provide name and nature of business.
4. If you are disabled, please provide a medical statement from physician.

If the person with the disability holds a valid driver license, they may be contacted by our Driver Improvement Section to determine if they need to be re-tested to maintain their driver license.

SECTION C - SECONDARY HOUSEHOLD

Use this section for information regarding biological parent(s) not in the household.

SECTION D - OTHER MEMBERS OF HOUSEHOLD

List everyone in the household age 14 and older.

SECTION E - HARDSHIP DESTINATION(S)

1. Most hardships can fit into one category or destination. No destination outside the State of Tennessee will be approved.
2. You must submit any and all documentation requested for destination(s) selected.
3. If you need more space to describe the hardship or the route, please attach additional sheet using the same format.
4. Be sure to include each street to be traveled with approximate mileage. Only the most direct route will be considered.

SECTION F - SIGNATURES REQUIRED

Application must be signed before a Notary Public and must bear the signature of the Notary, as well the Notary Seal.

APPEALS PROCESS:

If application is denied in part or in whole and applicant wishes to file an appeal, s/he must submit a letter requesting appeal of the denial along with the original hardship application and mail to the above listed address.

**TENNESSEE DEPARTMENT OF SAFETY
APPLICATION FOR HARDSHIP DRIVER LICENSE/CERTIFICATE**

The Department of Safety can verify any and all information submitted. There are penalties for submitting a fraudulent application. T.C.A. 55-50-602.

For what reason(s) are you applying for a Hardship License/Certificate?

- ☐ To drive to/from work (Applicant must be working to help financially support the family)
Complete sections A, B, C (if applicable), D, E-1, and F
- ☐ To drive to/from school
Complete sections A, B, C (if applicable), D, E-2, and F
- ☐ To drive to/from school and/or extracurricular school activities
Complete sections A, B, C (if applicable), D, E-2, and F
- ☐ To drive to/from school and work
Complete sections A, B, C (if applicable), D, E-1 & 2, and F
- ☐ Other (Grocery, Doctor)
Complete sections A, B, C (if applicable), D, E-3, and F

SECTION A – APPLICANT INFORMATION (required)

Full Name _____
 First **Middle** **Last** **Suffix**

Home Address (Required) _____
 Street Number and Name

City **State** **Zip**

Mailing Address, if different from home address _____

Home Phone Number () _____

Date of Birth: _____ / _____ / _____
 Month **Date** **Year**

Tennessee ID or Learner Permit Number, if applicable _____

Social Security Number _____

SECTION B – PRIMARY HOUSEHOLD (required)

1. FATHER/STEPFATHER/LEGAL GUARDIAN (circle one)

Name _____
First Middle Last

Home Address _____
Street City State Zip

Driver License Number _____ State _____

Self-Employed? Yes _____ No _____

Name of Employer _____ Work Phone Number (____) _____

Supervisor's Name _____

Type of Business _____

Job Title _____

Days and Hours of Normally Scheduled Work Times _____

2. MOTHER/STEPMOTHER/LEGAL GUARDIAN (circle one)

Name _____
First Middle Last

Home Address _____
Street City State Zip

Driver License Number _____ State _____

Self-Employed? Yes _____ No _____

Name of Employer _____ Work Phone Number (____) _____

Supervisor's Name _____

Type of Business _____

Job Title _____

Days and Hours of Normally Scheduled Work Times _____

SECTION C – SECONDARY HOUSEHOLD (if applicable)

1. FATHER/STEPFATHER (circle one)

Name _____
First Middle Last

Home Address _____
Street City State Zip

Driver License Number _____ State _____

Self-Employed? Yes _____ No _____

Name of Employer _____

Supervisor's Name _____

Type of Business _____

Job Title _____

Days and Hours of Normally Scheduled Work Times _____

2. MOTHER/STEPMOTHER (circle one)

Name _____
First Middle Last

Home Address _____
Street City State Zip

Driver License Number _____ State _____

Self-Employed? Yes _____ No _____

Name of Employer _____

Supervisor's Name _____

Type of Business _____

Job Title _____

Days and Hours of Normally Scheduled Work Times _____

SECTION D – OTHER MEMBERS OF HOUSEHOLD (if applicable)

Are there any other members in either household (primary or secondary) that are age 14 years or older?
This includes stepparents, brothers, sisters, grandparents and any other person living in household(s) with the applicant. Yes _____ No _____ (if no, please skip to Section E)

1. Name _____ Age _____ Driver License # _____

Reason they cannot provide transportation for applicant: _____

2. Name _____ Age _____ Driver License # _____

Reason they cannot provide transportation for applicant: _____

3. Name _____ Age _____ Driver License # _____

Reason they cannot provide transportation for applicant: _____

If additional space is needed, please attach an additional sheet using the same format.

SECTION E – HARDSHIP DESTINATIONS (required)

1. WORK

Applicant must be working to help financially support the family. Only one (1) work location will be considered. Volunteer work, delivery work, or any work driving from one location to another (i.e. parts delivery, pizza delivery, mowing, farm to farm, towing) will not be approved.

Applicant must submit a letter from the applicant's employer verifying employment including hours/days of employment. Check stubs will not be accepted.

Explain in detail why the applicant must work. How is s/he helping financially support the family?

Routes:

From (name and address)

To (name and address)

Most direct route (Provide Streets, highways and approximate mileage. Do not include alternate routes). _____

If extra space is needed, please attach an additional sheet using the same format.

2. SCHOOL/EXTRA CURRICULAR SCHOOL ACTIVITIES

To request this destination applicant must submit a letter from the school principal on school letterhead verifying there is no bus transportation available from your home to school and/or that applicant is actively participating in a school-sponsored activity that requires applicant to arrive before school, or to stay after school. The letter should name the activity and the month/days/times of participation. (Sample letter is attached)

If applicant must travel to a location other than school for practice, the letter from the school principal must verify such and state the name of the location, and verify that no transportation is available to that location.

If there is more than one school listed, proper documentation from each school is required.

Explain the hardship created if applicant cannot drive to requested destination(s) _____

Routes:

1. From (name and address)

To (name and address)

Most direct route (Streets, highways and mileage. Do not include alternate routes). _____

Routes:

2. From (name and address)

To (name and address)

Most direct route (Streets, highways and mileage. Do not include alternate routes). _____

*****Sample of School Letter for approval of school and/or extracurricular activities*****

All-Around High School
123 Learning Avenue
Nashville, TN 37219  **school letterhead**

February 29, 2005

Tennessee Department of Safety
Driver License Issuance Division/Hardship License
1150 Foster Avenue
Nashville, TN 37249

To Whom It May Concern:

Ms. Jane Doe is currently enrolled at All-Around High School. Regular school hours are from 8:00 a.m. until 3:00 p.m., Monday through Friday. All-Around High does not provide bus transportation to and from school.

Jane also actively participates in our baseball program, which is a school-sponsored activity. Practice is held at Moore's Ball Field located at 345 Home Run Way in Nashville, Tennessee. Practice is held from February through April each Tuesday and Thursday from 3:30 p.m. until 5:00 p.m. Transportation to these practices is not provided.

If I can be of further assistance, please feel free to contact me at (615) 421-1962.

Sincerely,

Ima Educator, School Principal
All-Around High School

3. OTHER (Grocery, Drug Store, Doctor's Office)

To apply for this destination a medical reason must be involved and applicant will need to provide the following:

1. If the medical reason applies to the applicant, submit a letter from physician verifying medical condition and frequency of visits. (Must be at least twice a month or destination will not be approved).

2. If the medical reason applies to someone other than the applicant, submit a medical statement from the physician stating there is a medical disability and how it affects that person's ability to drive.

Note: If the person with the medical condition holds a valid Tennessee driver license, they could possibly be contacted by the Department of Safety's Driver Improvement Division to determine if they need to be re-tested in order to maintain their driving privileges.

Explain the hardship created if applicant cannot drive to requested destination(s) _____

Routes:

1. From (name and address)

To (name and address)

Most direct route (Streets, highways and mileage. Do not include alternate routes). _____

2. From (name and address)

To (name and address)

Most direct route (Streets, highways and mileage. Do not include alternate routes). _____

If extra space is needed, please attach an additional sheet using the same format.

SECTION F – REQUIRED SIGNATURES

By signing this application and having it notarized, you are swearing and/or affirming that the information is true and correct to the best of your knowledge and belief. There are penalties for Fraudulent Applications. Per T.C.A. 55-50-312(b): Any negligence or willful misconduct or violation of any motor vehicle law of this state or any municipality thereof by a minor under eighteen (18) years of age when driving a motor vehicle upon a highway or street shall be imputed to the person who has signed the application of such minor for a permit or license, which person shall be jointly and severally liable with such minor for any damages or fines occasioned by such negligence, willful misconduct, or violation, except as otherwise provided in subsection (c).

Please ensure all information is filled in correctly and all streets requested for applicant to travel are listed in order and easy to read. If any changes and/or additions are needed, you will be required to re-apply.

Signature of Applicant _____

Signature of Father/Stepfather/Legal Guardian: _____

Signature of Mother/Stepmother/Legal Guardian _____

To be completed by Notary Public:

STATE OF TENNESSEE

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Seal

Signature of Notary Public

My Commission Expires: _____

Mail Completed Application to:

**Tennessee Department of Safety
Driver License Issuance Division – Hardship License
1150 Foster Avenue
Nashville, TN 37249**

FOR OFFICE USE ONLY

_____ Approved	_____ Destination(s)
_____ Denied	_____ Destination(s)

Reason for denial of any or all destinations: _____

Signature: _____
Driver License Issuance Division

Date: _____